

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011609

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1520

FILED MAR 21 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN RAYTOWN	
c. FULL NAME OF (If NOT in hospital, give location) MENORAH MEDICAL CENTER		d. STREET ADDRESS (If outside, give location) 7920 HUNTER	
3. NAME OF DECEASED First FREDA Middle ROMA Last ELLIOTT		4. DATE OF DEATH Month MARCH Day 7 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/12/1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TYPIST		10b. KIND OF BUSINESS OR INDUSTRY MOUNTAIN VALLEY WATER COMPANY CLIMAX SPRINGS MO.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME SHERMAN MOULDER		13b. MOTHER'S MAIDEN NAME ALICE EDWARDS	
14. NAME OF HUSBAND OR WIFE W. RAYMOND ELLIOTT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT W. RAYMOND ELLIOTT	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Breast carcinoma DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 12 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] Month [REDACTED] Day [REDACTED] Year [REDACTED] a.m. [REDACTED] p.m. [REDACTED]		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from 1950 to 3-7-63 and last saw her/him alive on 3/8/63 Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS 701 E 63rd St. KC. Mo	
22c. DATE SIGNED 3-8-63		23. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY KANSAS CITY MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR. 9. 1963	
24. FUNERAL DIRECTOR D.W. NEWCOMER SONS		25. DATE RECD. BY LOCAL REG. 3-8-63	
26. REGISTERAR'S SIGNATURE [Signature]		27. ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

Mr. & Mrs. Arthur Patton
3000 Broadway, N.Y.C. 10018
1:10 - 4:30 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold R. Rient

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.